## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

(FOR USE WITH FORM PTO-875)

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D.	3	#	♣	IND.	4	4	
AL P.	3	+	<b>4</b>	TOTAL DEP.	<b>—</b>	<b>—</b>	<b>*</b>
AL IMS				TOTAL CLAIMS			
	REV. 11/04)	g am year Comessale	ALGORIZATION NO.			MENT of COMMERCE	